## ☐ Initial Application ☐ Amended Application Date: (1/27/202)

## COMMITTEE STATEMENT OF ORGANIZATION RECEIVED

COMMITTEE ID NUMBER (office use only)

SEP 27 2021 1:13pm TOWN CLERK DEPT.

COMMITTEE TYPE (choose one):

0	Kell Palguto MAKER Constructe to Elect May
Committee Name (required): (first or last name & office)	Sch Physics property Complete to One 129
Candidate Information:	Candidate's Name (required): Kell PBISUTE
	Candidate's mailing address (required): 10053 Bulk Haron Cart Occupy
	Candidate's email address (required): MAYOLKEIL 4PV Q Jaha.com
	Candidate's phone number (required): 428-533 -5979
	Candidate's website (if any): REElect Polysta. Com
Office Sought (choose one):	□ Governor       □ Secretary of State       □ Attorney General       □ State Treasurer         □ Superintendent of Public Instruction       □ State Mine Inspector       □ Corporation Commissioner
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	☐ County Office: ☐ District (if applicable):
	City/Town Office: District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
if sponsored, must include	
if sponsored, must include	
if sponsored, must include sponsor's name)  Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures
if sponsored, must include sponsor's name)	
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:	□ Contributions □ Candidate-Related Independent Expenditures
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any):
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if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)	□ Contributions □ Candidate-Related Independent Expenditures   □ Ballot Measure Expenditures □ Recall Expenditures    Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)	□ Contributions       □ Candidate-Related Independent Expenditures         □ Ballot Measure Expenditures       □ Recall Expenditures         Sponsor's name or nickname (required):       □ Sponsor's mailing address (required):         Sponsor's email address (required):       □ Sponsor's phone number (if any):         □ Sponsor's website (if any):       □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union         □ Standing Committee (must also complete separate standing committee registration)
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status f applicable)  Political Party  Committee Name (required):	Contributions
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)  Political Party  Committee Name (required): must include party affiliation	Contributions
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)  Political Party  Committee Name (required): must include party affiliation	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any):  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

Initial Application
☐ Amended Application
Date: 4127/2021

COMMITTEE ID NUMBER
(office use only)
2022 - 01KP

## COMMITTEE INFORMATION:

Contact Information:

Treasurer's signature:

Candidate's signature (if applicable):

	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): 5. A.A.
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): 5. A.A
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): Desert Financial
(do not list acct numbers)	Additional bank name (ifapplicable):
	Additional bank name (if applicable):
TION AND SIGNATURES:	
chairperson or treasurer of th committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5) address(es) provided herein.	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidar receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S agree to accept all notifications and legal service of process for campaign finance purposes via the email
Chairperson's signature:	Date: 9/20/21

Committee's mailing address (required): 10053 Bulk Haun Cart Dewey 86327

Committee's email address (required): 10053 Bulk Haun Cart Dewey 86327

Committee's phone number (if any): 928-533-5976